## Exhibit 1



## **Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Tax	payer	numb	er								_	■ Re	port y	ear		_	You	ı have certain rights under Chapter 552 and 559,
3	2	0	3	6	0	1	8	0	9	4		2	0	2	4		Governmer	nt Code, to review, request and correct information e on file about you. Contact us at 1-800-252-1381.
Тахр	ayer n	ame	NO	RTH	IWE	ST	ANE	STH	HES	SIA P	AIN S	SER	VICI	ES			■ O Blacker	n circle if the mailing address has changed.
Maili	ng ad	dress	701	10 C	HAN	ИРIС	ONS	PL/	١Z	A DR	IVE S	TE 4	400					Secretary of State (SOS) file number or Comptroller file number
City		7010 CHAMPIONS PLAZA DRIVE STE 400  HOUSTON  State TX  ZIP code plus 4 77069															69	0081597103
$\overline{\bigcirc}$	Black	en circ	le if th	nere a	re curi	rently	no ch	anges	fron	n previ	ous year	; if no	inforr	natio	ı is dis	played, complete	the applicable in	formation in Sections A, B and C.
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Please sign below! This report must be signed to satisfy franchise tax requirements.

1000000000015

title and mailing address of each officer director, member general partner, or manager

Name	Title	Director		m	m	d	d	у	у
CHAUNCEY JONES	VICE-PRESIDENT	● YES	Term expiration						
Mailing address 7010 CHAMPIONS PLAZA 400	City		State T>	(		ZIP C	ode <b>77</b> (	)69	
Name	Title	Director		m	m	d	d	у	у
JENNIFER YOUNGBLOOD	PRESIDENT	● YES	Term expiration						
Mailing address 7010 CHAMPIONS PLAZA 400	City		State T>	(		ZIP C		)69	
Name	Title	Director		m	m	d	d	у	y
GEORGE SKARIA	TREASURER	● YES	Term expiration						
Mailing address 7010 CHAMPIONS PLAZA 400	City		State	 !		ZIP C	ode <b>77</b> 0	160	

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution BEST CHOICE ANESTHESIA & PAIN	State of formation <b>TX</b>	Texas SOS file number, if any 0801734026	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  BAYOU ANESTHESIA & PAIN PLLC	State of formation <b>TX</b>	Texas SOS file number, if any 0800916784	Percentage of ownership 100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution <b>NONE</b>	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to me Agent: <b>DENNIS MUNDY</b>	3 , 100	must make a filing with the Secreto at, registered office or general parti	
Office: 311 HOLDERRIETH BLVD	City <b>TOMI</b>	BALL State T	X ZIP Code 77375

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign	IEMMIEED VOUNODLOOD	Title	Date	Area code and phone number
here /	JENNIFER YOUNGBLOOD	PRESIDENT	09/26/2024	(281) 880 - 9180

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